| Sill | in this information t | a identify your ca | co: | | | | | | | | | | | |
|--|--|---|--|-----------------------------|--------------------------------|------------------|-------------------|--------------------|--|---------------------------|----------------------|------------------------|--|--|
| | otor 1 | Michael A. C | | | | | | | | | | | | |
| | otor 2 use, if filing) | | | | | | | | | | | | | |
| Uni | ted States Bankrup | tcy Court for the: | EASTERN DISTRICT | OF PENN | NSYLVANIA | | _ | | | | | | | |
| Case number (If known) 16-17048 Official Form 106I | | | | | - | | | | Check if this is: ■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date: | | | | | |
| | chedule I: | | amo. | | | | | M | M / DD/ Y | YYY | | 12/1 | | |
| supp spot attac | plying correct infouse. If you are septch a separate sheet | ormation. If you a parated and you et to this form. C e Employment | ible. If two married peo are married and not filin r spouse is not filing wi On the top of any addition | ig jointly, th you, d | , and your sp o not include | ouse i inforr | is livir matio | ng with n about | you, incl your spo | ude inform ouse. If mo | ation abore | out your is needed, | | |
| 1. | Fill in your employment information. | | | Debtor 1 | | | | | Debtor 2 or non-filing spouse | | | | | |
| | If you have more | | Employment status | ■ Employed | | | | | ☐ Employed | | | | | |
| | attach a separate information about | | p.oyo c.a.a.c | ☐ Not employed | | | | | ☐ Not employed | | | | | |
| | employers. | | Occupation | Designer | | | | | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Tier 1 Utility Design, Inc. | | | | | | | | | | |
| | | tion may include student emaker, if it applies. Employer's address 6 Commerce Drive, Suite 2 Reading, PA 19607 | | | | | ite 20 | 0 | | | | | | |
| | | | How long employed th | nere? | 1 month | | | | _ | | | | | |
| Par | t 2: Give De | tails About Mon | thly Income | | | | | | | | | | | |
| | mate monthly incouse unless you are | | te you file this form. If y | ou have | nothing to rep | ort for | any lir | ne, write | \$0 in the | space. Incl | ude your | non-filing | | |
| | u or your non-filing e space, attach a se | | re than one employer, co his form. | mbine the | e information f | or all e | employ | ers for | that perso | on on the lin | es below | . If you need | | |
| | | | | | | | | For Deb | otor 1 | For Deb | tor 2 or ng spous | se_ | | |
| 2. | | | y, and commissions (be alculate what the monthly | | | 2. | \$_ | 7, | 486.92 | \$ | N | /A | | |
| 3. | Estimate and list | t monthly overti | me pay. | | | 3. | +\$_ | 1, | 222.54 | +\$ | N | <u>/A</u> | | |

Calculate gross Income. Add line 2 + line 3.

4. \$ 8,709.46

N/A

| Debtor 1 | | Michael A. Clement | - | Case nu | mber (if known | 16- | 16-17048 | | | |
|----------|--|---|---------------------------------|----------------|--|-------------------------|-----------------------------|--------------------------|-----------------|--|
| | C = | without home | 4 | For De | ebtor 1 | no | or Debtor 2 on-filing sp | pouse | | |
| | Cop | y line 4 here | 4. | Φ | 8,709.46 | <u> </u> | | N/A | = | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. 5b. 5c. 5d. 5e. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance | 5a. 5b. 5c. 5d. 5e. | \$ \$ \$ | 1,705.38 0.00 0.00 0.00 811.89 | \$ 3 \$ 4 5 | | N/A N/A N/A N/A | - - - | |
| | 5f. | Domestic support obligations | 5f. | \$ | 1,388.53 | | | N/A | _ | |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h.+ | . \$ | 0.00 | | | N/A N/A | _ | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 511.7 6. | Ψ \$ | | | | N/A | = | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | Ψ \$ | 3,905.80 4,803.66 | <u> </u> | | N/A N/A | - | |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends | 8a. 8b. | \$ \$ | 0.00 |)\$_ | | N/A N/A | _ | |
| | 8c. 8d. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ | 0.00 | | | N/A N/A | _ | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | | | N/A | _ | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | _ 8f. 8g. | \$ | 0.00 | \$ | | N/A N/A | - | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 |) + \$_ | | N/A | - | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | | N/A | A | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 4,8 | 303.66 + | \$ | N/A | = \$ | 4,803.66 | |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | |
| 12. | Writ | Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,803.66 | | | | | | | | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | Combir monthl | ned y income | |

Official Form 106I Schedule I: Your Income page 2